

NAME _____
PLEASE PRINT

LICENSE # _____

DETAILED WORK HISTORY FORM FOR LATE OR INACTIVE RENEWALS ONLY

Before your renewal request can be processed, the Board of Nursing will need additional information regarding your nursing practice since the expiration date of your license. Please complete the form below which includes:

- A listing of all employers since the expiration date.
 - employer address & phone number
 - dates of employment and
 - job duties for each Arkansas employer listed
- Account for all time since the expiration date, including time that you were not employed.

If you are currently employed as a nurse, you must cease the practice of nursing in the State of Arkansas until you have a valid license to do so. If you have any questions, contact Deborah Jones, RN, MNsc, Assistant Director of Nursing Practice, (501) 686-2788.

Date of Employment		Employer - Address - Phone	Detail description of specific job duties - If Arkansas Employer
From	To		

continue on additional paper if needed

Does your current position/employer require this nursing license to fulfill your duties? ____Yes ____No

Have you signed RN, LPN, LPTN, RNP, ANP, CRNA, CNM, CNS, or APN after your name since your license expired? ____Yes ____No

Have you worked on this nursing license in the State of Arkansas since it expired? ____Yes ____No

Have you worked in a compact state on this Arkansas nursing license since the expiration date? ____Yes ____No

Have you worked for a federal employer on this Arkansas nursing license since the expiration date? ____Yes ____No

Have you met the continuing education requirements? ____Yes ____No

Nurse's Signature _____ Day Phone _____ Date _____